



TEXAS DEPARTMENT OF HEALTH LEAD ABATEMENT NOTIFICATION

DO NOT WRITE IN THIS BOX- FOR HEALTH DEPARTMENT USE ONLY

Date Received: / / Postmark on Notification: / / Walk-in Date: / / Notification #

Please check only one box for the type of Notification: ☐ Original ☐ Amendment ☐ Cancellation ☐ Emergency

TARGET HOUSING/CHILD-OCCUPIED FACILITY INFORMATION

Physical Address of Facility to be Abated	City	County	State	Zip Code
Mr. Ms. Owner of Facility to be Abated (Last, First, M.I.)			()	
			Telephone Number	
Address of Owner, if different	City		State	Zip Code

Check only one box below:

☐ Single Family Residential Home ☐ Child-Occupied Facility (*please fill out box below*)
☐ Multi-family Dwelling (*please fill out box below*)

What type of multifamily dwelling/child-occupied facility (i.e. apartment, duplex, day care, preschool, etc.)? _____

Name of multifamily dwelling/child-occupied facility : _____

No. of units to be abated in the building _____ *No. of separate buildings in multifamily complex/child-occupied facility _____

***NOTE: A SEPARATE NOTIFICATION IS REQUIRED FOR EACH BUILDING.**

PROJECT INFORMATION

Firm Certification Number	Name of Certified Lead Abatement Firm	() Telephone Number
Address of Certified Firm	City	State Zip Code
Supervisor Certification Number	Name of Abatement Project Supervisor	() Telephone Number
Company (Firm) Certification Number	Company Affiliation	() Telephone Number
Certification Number	AND Name of Inspector/ Risk Assessor conducting inspection	Date lead inspection conducted

NOTIFICATION FORM IS CONTINUED ON BACK

PLEASE CHECK THE APPROPRIATE BOX BELOW AND FILL OUT ALL REQUESTED INFORMATION:

☐ Original scheduled dates of lead abatement (INITIAL NOTIFICATION)Start-date: ____ / ____ / ____
mm dd yyStop-Date: ____ / ____ / ____
mm dd yyAbatement to be done during what time? ☐ Day (5 a.m. - 5 p.m.) ☐ Evening (5 p.m. - 8 p.m.)☐ Night (8 p.m. - 5 a.m.) ☐ Weekends

Please provide a description of the lead abatement project to be conducted, including the type and methods to be used.

☐ Amendment Change start-date to: ____ / ____ / ____ Change stop-date to: ____ / ____ / ____ ☐ Cancellation

mm dd yy

mm dd yy

If this is an amendment, which amendment number is it? _____

Was the Environmental Lead Notification Section (ELNS) and appropriate Regional Office notified by phone of any project date changes or cancellation prior to the original start and/or stop-date? ____ Yes ____ No Date: ____ Time: ____

If yes, name of the ELNS representative you spoke with _____

Was the appropriate TDH Regional Office notified by phone? ____ Yes ____ No When? Date: ____ Time: ____

If yes, name of the TDH representative you spoke with: _____

Please give a description of the reasons for this amendment or cancellation _____

☐ Emergency Lead AbatementStart-date: ____ / ____ / ____
mm dd yyStop-date: ____ / ____ / ____
mm dd yy

Was the emergency request made to the ELNS by phone? ____ Yes ____ No

If yes, TDH Reference Number: _____

If yes, please provide the name of the ELNS representative you spoke with: _____

When was the emergency request made? Date: ____ Time: ____

Was the appropriate TDH Regional Office notified by phone? ____ Yes ____ No

If yes, name of the TDH representative you spoke with: _____ Date: ____ Time: ____

Please describe the reason for the emergency lead abatement: _____

Description of lead abatement project: _____

I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner or authorized agent of the certified firm and that I am responsible for the fee associated with this notification. I also understand that the certified firm is responsible for notification to the department.

Signature of Certified Firm's owner or authorized agent: _____

Printed Name and Title: _____ Date: _____

Employer Firm Name: _____ ()

Telephone Number

Bill to: ☐ Certified firm ☐ Other: Name _____ Attention: _____

Firm Certification No. _____ Address _____

City _____ State _____ Zip _____

Do not send your Notification Fee with this form. An invoice will be sent to you for the amount due.

Mail original (not copy) to:

Texas Department of Health
Toxic Substances Control Division
Environmental Lead Branch
1100 W. 49th Street
Austin, TX 78756
(512) 834-6612 or (888) 778-9440

Note: Effective May 10, 1998, a copy of this notification must be provided to the appropriate TDH Regional Office.

** FAXES WILL NOT BE ACCEPTED
AT THE AUSTIN OFFICE**